Louisiana Medicaid
Pamidronate Disodium

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for pamidronate disodium.

Additional Point-of-Sale edits may apply.

Approval Criteria

- Recipient has a diagnosis of **ONE** of the following:
  - Moderate to severe hypercalcemia of malignancy; **OR**
  - Moderate to severe Paget's disease; **OR**
  - Osteolytic bone metastases of breast cancer; **OR**
  - Osteolytic lesions of multiple myeloma; **AND**
- Recipient is 18 years of age or older on the date of the request; **AND**
- If the request is for the diagnosis of Paget's disease, the recipient has had *treatment failure*, *intolerable side effects*, or *documented contraindication(s)* to zoledronic acid (Reclast®); **AND**
- By submitting the authorization request, the prescriber attests to the following:
  - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - The recipient has no concomitant drug therapies or disease states that limit the use of pamidronate disodium; **AND**
  - Pamidronate disodium will not be used in combination with any medication that is contraindicated or not recommended per FDA labeling; **AND**
  - The prescribed dose and dosing interval are appropriate according to FDA labeling; **AND**
  - Women of childbearing age have had a negative pregnancy test within 30 days prior to therapy initiation and have been educated regarding the dangers of becoming pregnant while taking pamidronate disodium.

Reauthorization Criteria

- The recipient continues to meet initial approval criteria; **AND**
- The recipient has had a positive response to treatment and this is **stated on the request.**

Duration of initial and reauthorization approval: 12 months

References

Pamidronate Disodium [package insert]. Rockford, IL: Mylan Institutional LLC; December 2018. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=c2ca033e-fa5f-4141-b702-11f8b4303da1&type=display

Ralston SH, Corral-Gudino L, Cooper C, et al. Diagnosis and management of Paget's disease of bone in adults: a clinical guideline. J Bone Miner Res. 2019;34(4):579-604.[PubMed 30803025]10.1002/jbmr.3657

Singer FR, Bone HG 3rd, Hosking DJ, et al; Endocrine Society. Paget's disease of bone: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2014;99(12):4408-4422. [PubMed 25406796]10.1210/jc.2014-2910

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